## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

(6)

NEWPORTER MAINTENANCE CORPORATION, INC.  Principal Place of Business Mailing Address										
5539 MARINE PARKWAY P. O. BOX 1175										
NEW PORT RICHEY FL 34656-11										
						3. Date incorporated or Qualified 12/07/1977	3a. Date o	f Last Ri /12/19	eport 1 <b>96</b>	
	lace of Business	28. Mailing Address				4. FEI Number 59-2246808		· · · · · · · · · · · · · · · · · · ·	plied For	
26     Suite, Apt #, etc   Suite, Ap			it. #, etc.				Not Applicable \$8.75 Additional			
22		27				5. Certificate of Status Desired		Fee Re		
City & Stati	е	City & State				6. Election Campaign Financing			May Be	
<b>23</b> Zip	Country	<b>28</b>	Cou	nto.		Trust Fund Contribution		Added 1		
24	25	29	30	i i i y		8. This corporation has liability for Florida Statutes	intangible tax ☑ Yes ☐ N		. 199.032,	
	9. Name and Address of Current					10. Name and Address of New Re				
				B1	Name					
EPTING, PATRICK				82	Street Addr	ess (P.O. Box Number is Not Acceptate	ole)			
6806 CECELIA DR.				83						
NEW PO	ORT RICHEY FL 34656-1175									
				84	City		FL 6	5 Zip (	Code	
11. Pursuant office or ragent La	to the provisions of Sections 617.0502 egistered agent, or both, in the State im familiar with, and accept the obliga	2 and 617.1508, Florida Statu of Florida. Such change was ations of, Section 617.0503, F	ites, the at authorized lorida Stat	oove d by utes	-named corp the corporati	oration submits this statement for the poon's board of directors. I hereby acce	ourpose of cha pt the appoint	inging it nent as	s registered registered	
SIGNATURE										
12.	Signature, typed or punted name of registered ager OFFICERS AND		13.	l Ager	nt signature require	ad when reinstaling) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIE	RECTOR	3S IN 12	
TITLE	PD	DELETE	1.1 70	TLF		7,001,101,101,101,101		Change	Addition	
NAME	ANTHONY, CHARLES R	- -	1.2 NA	ME				•		
STREET ADDRESS	5539 MARINE PARKWAY		1.3 STREET ADDRESS		ADDRESS					
CITY - S1 - ZIP	NEW PORT RICHEY FL 3465	2	1.4 CI	1.4 CITY-ST-ZIP						
TILLE	STD			2.1 TITLE				Change	☐ Addition	
NAME	EPTING, PATRICK		2.2 N/	2.2 NAME					ĺ	
STREET ADDRESS	5539 MARINE PARKWAY	•			address					
City-St-7lf	NEW PORT RICHEY FL 3465	Z DELETE	2. 4 C	ITY-\$	T-ZIP			Change	Addition	
TITLF NAME	VD CARORA	7.0					LJ	Change	LI MUUNION	
STREET ADDRESS	5539 MARINE PARKWAY		3.2 N/		ADDRESS					
C(TY-ST-Z)F	NEW PORT RICHEY FL 3465	2		ITY-S	ſ					
TITLE		DELETÉ	4.1 Tr		,		L)	Change	Addition	
NAME			4. 2 N	AME	ļ					
STREET ADDRESS			4.3 S1	REET	address				3	
City-S1-ZiP				<u>TY</u> - ST	r-ziP					
THLF		☐ DELETE	5.1 TI				IJ	Change	☐ Addition	
NAME			5.2 N/							
STREET ADDRESS					ADDRESS					
CHY-S1-ZIP THLE		DELETE	5.4 CI 6.1 TI	TY-ST	- ZIP			Change	Addition	
NAME		C Descrip	6.1 N				ليسا	Criango.		
ETDEST ADMINISTS					ADDRESS					

6.4 CITY - ST-ZIP

SIGNATURE:

CI1Y - ST - 7IP

14. Lot hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**FILED** 

Mar 21 1997 8:00am

Secretary of State